

Town of Bridgeville Municipal Candidate Form

For Office Use Only				
Rec'vd by:				
Date:	Time:			
Copy to Ca	ındidate:			

Filing Date:	Munic	ipal Electio	n Date:	_		
I,		, re	esiding at the	following address		
Please print name as it is to	o appear on the b	allot	C	S		
House # Street		City		Zip Code		
Mailing address if diffe	erent from home a	address		Date of Birth		
hereby file as a candidate of			for the Office			
	Municipali	'y				
of	fo	for the Election Dist		n District.		
Office Title		Nun	nber			
Signature, Full Le		Telephone Number				
Email Address (Op		Cell Phone Number				
	Notary Info	ormation				
Form must be no	otarized if it is no		in the Town offi	ice.		
Candidate Filing Forms are consi						
Subscribed and	sworn to before	re me on th	ne following d	ate:		
Notary Public Signature			Date			
Please submit a	Copy of your I	Delaware S	tate Driver's I	icense		
Candidate will be responsible for an	y fees incurred b	y the Town 1	in connection w	ith his/her candidacy.		
	te Qualificati se review & mark		_			
U.S. Citizen and at least 21 years on or before date of Election.			☐ Qualified Voter in the State of Delaware.			
Bridgeville Resident for at lea	ıst one year	☐ Not convicted of a felony.				
immediately preceding date of Election.		File a written letter of intent to be a candidate with the Commission Presider				
Live within Election Voting D wish to represent.	Pistrict you	or Sec	or Secretary by the February 5th candidate filing deadline.			
Qualified Voter in Bridgeville year prior to date of Election		☐ File C	ampaign Fina	npaign Financing Information ate Election Commissioner.		